

31 Lurganville Road
Moirá
Co Armagh
BT67 0PL
Tel: 028 9261 2536

_____ Bank Limited

Date ____/____/____

_____ Branch

Please make payment in accordance with the following details, debiting my/our account number

Bank or Building Society Account Number:

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Beneficiary _____ Bank

_____ Branch

Beneficiary Bank Sort Code:

		-			-		
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Beneficiary Account Number:

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Beneficiary Name:

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Reference Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PAYMENT DETAILS

Frequency of payment weekly/monthly/yearly/other – please specify _____

Amount £_____ Date of first payment ____/____/____ Date of last payment ____/____/____

OR Number of Payments _____

Signed _____

Account Name _____